

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155689		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/23/2011	
NAME OF PROVIDER OR SUPPLIER  COURTYARD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN46526			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00095674.</p> <p>Complaint IN00095674 - Substantiated. Federal/State deficiencies related to the allegation are cited at F241.</p> <p>Survey dates: 9/22 and 9/23/11</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Survey team: Ellen Ruppel, RN TC Ann Armey, RN</p> <p>Census bed type: SNF/NF: 126 Total: 126</p> <p>Census payor type: Medicare: 4 Medicaid: 97 Other: 25 Total: 126</p> <p>Sample: 4 Supplemental sample: 2</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0241 SS=E	<p>Quality review 9/26/11 by Suzanne Williams, RN</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interviews and record review, the facility failed to promote dignity for 6 of 19 residents on 1 of 2 units in the facility (B wing) related to respecting the resident's individual wishes in the time of rising in the morning and being allowed to remain in night clothes until time to get up in the morning. This deficit practice affected 6 of 19 residents on the daily "get-up" list for the night shift. Sampled residents B, C, D, and E and supplemental sampled residents F and G.</p> <p>Findings include:</p> <p>During the orientation tour, on 9/22/11 at 3:45 a.m., on the B unit, the list of residents to be gotten up during the night shift was provided by LPN #2. The list contained a total of 19 residents' names.</p> <p>During the tour at 3:45 a.m., with CNA #3, Resident C was observed in bed, asleep, with her daytime clothes on. Her dress pants had been pulled down around the calf area of her legs, exposing her incontinent brief. She was covered with a</p>			F0241	<p>The facility requests that this Plan of Correction be considered its Credible Allegation of Compliance. Submission of this Plan of Correction is not a legal admission that a deficiency exists or that the Statement of Deficiencies was correctly cited. Preparation of this Plan of Correction does not constitute admission or agreement of any kind by the facility of the truth of any facts alleged or the correction of the conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction solely because of the requirements under State and Federal law the mandates submission of the Plan of Correction as a Condition to Participate in the Title 18 and Title 19 Programs <b>F241 Dignity and Respect of Individuality</b> The facility will continue to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. <b>What the facility did to correct the deficient practice:</b> The Unit Manager on Birch Wing, both nurses, and 4</p>		10/14/2011

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	<p>light blanket.</p> <p>Observation of Resident E, at 3:50 a.m., indicated she had been dressed in daytime clothes and her pants were pulled down around the calves of her legs, with an incontinent brief left on her perineal/buttock area. She was asleep at the time and was covered with a sheet.</p> <p>Observation of Resident F, at 4:00 a.m., indicated she was in bed, pants pulled down around her calves, fully dressed in daytime clothes and wearing an incontinence brief. She was covered with a light blanket and was asleep at the time.</p> <p>Resident D was observed, at 4:10 a.m., and was awake at the time. She indicated she did not like having all of her clothes on at the time and was observed to be fully dressed with her pants/slacks pulled up. She was in bed at the time.</p> <p>Resident B was observed, at 4:30 a.m., and was dressed in her daytime clothes, with her pants pulled down around her calves. She was in bed, and awake at the time. When queried about being dressed, she indicated she did not like having all of her clothes on.</p> <p>Resident G was observed, at 4:45 a.m., in bed, asleep, wearing her daytime clothing.</p>				<p>CNAs were suspended pending completion of an investigation into this alleged practice. While on suspension, the Unit Manager resigned. Both nurses and 3 of the 4 CNAs were terminated for their role in these incidents. <b>What other residents are potentially affected by the alleged deficient practice:</b> All residents have the potential to be affected by this alleged deficient practice. <b>What steps or systemic changes have the facility made to ensure that the deficient practice does not recur:</b> Facility terminated 5 staff members involved and accepted the resignation of a 6 th staff member with knowledge of the incidents detailed in the 2567. Staff will be in-serviced on resident dignity. Residents have been interviewed as to their wake-up preferences and their care plans have been updated accordingly. <b>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place (should include who, what, and when):</b> Unannounced visits will be performed on the night shift by members of Nursing Management and/or Administration. Such visits will be made weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 4 months. Results will be reported to the Performance</p>		

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	<p>Her pants had been pulled down, leaving her incontinence brief exposed under the thin blanket.</p> <p>Two CNAs (CNA #6 and CNA #3) working on the unit were queried, on 9/22/11 at 5:30 a.m., about the procedure of dressing the residents and leaving the pants down around the calves of the legs. Both indicated they started second rounds at 2:00 a.m. and began dressing the residents on the "get-up" list in daytime clothes. Both indicated they left the pants down to prevent them from getting soiled and when they did final rounds, around 4:00 a.m. to 6:00 a.m., they would change the incontinence briefs and then pull the pants up.</p> <p>The night nurse in charge of the B unit (LPN #5) was queried at two different times, first at 4:30 a.m., on 9/22/11 and a second time at 5:00 a.m., on 9/22/11, about the procedure of dressing residents in daytime clothes early in the morning and leaving the pants down around the calves of the legs. LPN #5 indicated she saw no problem with the procedure, if the residents did not object.</p> <p>During an interview with Resident C, on 9/22/11 at 5:10 a.m., she was observed up in a wheelchair, fully dressed and sitting in her room. She was queried about being</p>				Improvement Committee monthly. <b>Completion Date:</b> 10/14/11		

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	<p>up at the time and she indicated she did not like to get up so early. She stated she would like to get up "around 6:30 a.m.," but did not refuse when the aides asked her to get up at 4:30 a.m. each morning.</p> <p>During a phone interview with the family member/power of attorney of Resident C, on 9/22/11 at 8:00 a.m., the family member indicated she thought her relative was gotten up early and indicated she thought the "get-up" time was "around 7:00 a.m."</p> <p>During a second interview with Resident C, on 9/23/11 at 9:50 a.m., she indicated she had not been gotten up early on 9/23/11, and she liked it much better. She also indicated she "hopes this is the way it will continue."</p> <p>The information on the instruction sheet for residents who were to be gotten up each morning by the night shift was reviewed, on 9/22/11 at 6:00 a.m. The information indicated "DO NOT BEGIN GET UP'S BEFORE 5 AM." The instruction sheet did not address the time for putting daytime clothes on the residents.</p> <p>During an interview with the Director of Nursing, on 9/22/11 at 10:00 a.m., she indicated the facility had no specific</p>						

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	<p>policy regarding getting residents up in the morning.</p> <p>This federal tag relates to Complaint IN00095674.</p> <p>3.1-3(t)</p>						